

## RIGHT-OF-WAY CERTIFICATE

**For**  
**Municipally Managed Projects**

**Project Name:** \_\_\_\_\_

**State Project No.** \_\_\_\_\_

**Federal Project No:** \_\_\_\_\_

☐ All work within existing rights-of-way and no additional acquisitions were necessary for this project or;

All acquisitions and easements acquired as part of this project are listed below:

Total number of parcels impacted: \_\_\_\_\_

Number of acquisitions acquired by donation: \_\_\_\_\_

Number of acquisitions acquired by permanent/temporary easement: \_\_\_\_\_

Number of Acquisitions acquired by fee: \_\_\_\_\_

Number of Acquisitions acquired via condemnation: \_\_\_\_\_

Total Cost of property rights acquired \$\_\_\_\_\_

Were relocation claims paid as part of this project: ☐ YES ☐ NO

If yes, complete relocation information on Page 2.

The City/Town of \_\_\_\_\_, State of New Hampshire hereby certifies the right to occupy and use all the right-of-way necessary for the above-referenced project has been acquired in accordance with the Uniform Act.

\_\_\_\_\_  
☐ Town/City Manager

\_\_\_\_\_  
Date

## Relocation Information

### Residential

	<u>Owners</u>		<u>Tenants</u>		<u>Total</u>
Number of Displacees	_____	+	_____	=	_____
Number of Relocation Housing Payments	_____		Total Spent \$ _____		
Number of Rent Supplement Payments	_____		Total Spent \$ _____		
Number of Moving Payments	_____	Actual	Scheduled	Total Spent \$ _____	

### Business

	<u>Owners</u>		<u>Tenants</u>		<u>Total</u>
Number of Displacees	_____	+	_____	=	_____
Number of Moving Payments	_____		Total Spent \$ _____		
Number of RE-establish Payments	_____		Total Spent \$ _____		
Number of In Lieu of	_____		Total Spent \$ _____		
Number of Misc. Monies (i.e. fences, lights, signs, etc.)	_____		Total Spent \$ _____		